PTO/SB/01 (06-03)
Approved for use through 07/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN	Attorney Docket Number 03-4266  First Named Inventor LESNIAK
PATENT APPLICATION	COMPLETE IF KNOWN
(37 CFR 1.63)	Application Number
X Declaration Declaration	Filing Date
Submitted OR Submitted after Initial With Initial Filing (surcharge Filing (37 CFR 1.16 (e))	Art Unit
required)	Examiner Name
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I hereby declare that:					
Each inventor's residence, ma	iling address, a	and citizenship are as stated b	elow next to their name		
I believe the inventor(s) name which a patent is sought on the			) of the subject matter w	hich is claimed and for	
SPORTING PROP	HYLAXIS				
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		(Title of the Invention)	4		
the specification of which		- -			
X is attached hereto			. *		
OR					
<u></u>					
was filed on (MM/DD/Y	YYY)	as Uni	ted States Application N	lumber or PCT International	
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Application Number and was amended on (MM/DD/YYYY) (if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as					
amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application					
and the national or PCT international filing date of the continuation-in-part application.					
				gn application(s) for patent.	
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one					
country other than the United					
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.					
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes No	
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Additional foreign applicat	ion numbers ar	e listed on a supplemental pr	iority data sheet PTO/SE	3/02B attached hereto.	

[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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I hereby declare that all statem and belief are believed to be statements and the like so made false statements may jeopardize	true; and fur de are punishat	ther that these stat ble by fine or impriso	ements wer onment, or b	e made with toth, under 18 to	the knowle	edge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:	ПАр	etition has b	een filed for this	s unsigned	d inventor
Given Name	-			Family Name		
(first and middle [if any])	RANK		'	or Surname T.	ESNIA	K
Inventor's Signature	13 Lenna	i k	1			Date Tuly <b>/0</b> , 2003
Residence: City	State		Country	,	Citizensh	
Lansdale	Pēnņs	sylvania	USA		U:	SA
Mailing Address					,	
c/o Hayloft Ente	erprises	Inc., 1640	Wagon	Wheel D	ane	
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Given Name				amily Name		
	ushirwar	n R.	<u></u> °	r Surname	Mehta	
Inventor's Signature	2	e 1100	le le			ate
Residence: City	State		Country		Ju Citizensh	11y//, 2003
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Wellesley Mailing Address	MA		USA		<u> </u>	JSA
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Oity	Jiaic					
Wellesley	M.F	A	024	81-7613	US	A
X Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.						

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ADDITIONAL INVENTOR(S)

DECLARATION	_	Supplementa	al Sheet	Page 1 of 1
Name of Additional Joint Inventor, if any:	<del></del>	☐ A petiti	on has been filed for this	unsigned inventor
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Inventor's Signature Serard Lyg	,	, nager	:	Date July 17, 200
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Mailing Address				
City Lexington	State	MA	Zip 02420	Country USA
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Mailing Address 520 Main Street, Apt	. 14	107		
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City Malden	State	MA	Zip 02148	Country USA
Name of Additional Joint Inventor, if any:		☐ A petition	on has been filed for this	unsigned inventor
Given Name (first and middle (if any)		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State		Country	Citizenship
Mailing Address		<del></del>		· · · · · · · · · · · · · · · · · · ·
Mailing Address			*	
City	State		Zin	Country

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Application Number	
Filing Date	
First Named Inventor	LESNIAK
Title	SPORTING PROPHYLAXIS
Art Unit	
Examiner Name	
Attorney Docket Number	03-4266-P

I hereby appoint:			<del></del>	
X Practitioners at Customer Number:				
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Practitioner(s) named below	w: PATENT TRADEMAR	K OFFICE		
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X Applicant/inventor.				· ·
	e entire interest. See 37 CFR 3.71.			
	R 3.73(b) is enclosed. (Form PTO/SB/9)	6)		·
SIGNATURE of Applicant or Assignee of Record				
Name FRANK_LESM	NIAK .			
Signature Llow M Lorong				
Date July 10	. 2003		Telephone (	212) 840-8300
NOTE: Signatures of all the inventors of forms if more than one signature is required.	or assignees of record of the entire interest of quired, see below".	r their representative	(s) are required. Sub-	mit multiple
Total of 4 for	rms are submitted.			

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Application Number	Œ:	
Filing Date		<del></del>
First Named Inventor	LESNIAK	<del></del>
Title	SPORTING	PROPHYLAXIS
Art Unit		
Examiner Name		<del></del>
Attorney Docket Number	03-4266-	

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X	X Practitioners at Customer Number:				
C	OR 28143				
	Practitioner(s) named be	PATENT TRADEMARK	OFFICE		
		Name		Registration Number	7
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l am the:  X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name	Naushirwa	an R. Mehta			
Signature In Solution					
Date July /7 2003 Telephone (212) 840-8300					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
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Application Number		
Filing Date		<del></del>
First Named Inventor	LESNIAK	·
Title	SPORTING	PROPHYLAXIS
Art Unit		
Examiner Name		
Attorney Docket Number	02 4266	

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I am the:	T DA			
X Applicant/Inventor				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/9	96)			
SIGNATURE of Applicant or Assignee of Record				
Name Gerard KugeD				
Signature Gerard Laverly				
Date July 17 5003 Telephone (212) 840-8300				
NOTE: Signatures of all the inventors or assignees of record of the entire interest forms if more than one signature is required, see below.	or their representative(s) are required. Submit multiple			
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First Named Inventor	LESNIAK	
Title		PROPHYLAXIS
Art Unit		
Examiner Name		- <del></del>
Attorney Docket Number	03-4266-	

I hereby appoint:					
X Practitioners at Custome	er Number:				
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am the:  X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name Ayman A	Abdushala ABOUSHA	ALA A			
Signature					
Date July 17 2003 Telephone (212) 840-8300					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
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